

—RIPLEY—


URBAN DISTRICT COUNCIL.



Dr. Edward Gaylor's

TWENTY-SEVENTH

Annual Report

From January 1st, 1900, 

 *To December 31st, 1900.*

RIPLEY :

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1901.



TO THE

RIPLEY URBAN DISTRICT COUNCIL.

Gentlemen,

In presenting to you my twenty-seventh Annual Report as your Medical Officer of Health, which deals with the vital statistics of the year 1900, there will be found therein a *slight* increase of the total mortality of the year, as compared with 1899; but this very *slight* increase does not detract from its fairly satisfactory character in general.

There will be found New Tables issued by the Local Government Board, which I have compiled as far as I was able.

Up to this date the district has been treated as a whole, without any reference to the outlying parts, such as Marehay, Waingroves, etc.; but, in future, I am instructed to deal with the births, deaths, etc., in these districts in a special and distinct manner.

This entails a considerable amount of extra work, as it makes separate entries for four or five different parts, under the separate headings. For the year 1901 my present official register book will, I hope, suffice

The coming census will give me the statistics of population, inhabited houses, and other matters which will be necessary.

Below I give you the number of notifications of infectious diseases since you adopted the Act in July, 1892.

1892 (half-year)	11	
1893	41	Epidemic of Scarlet Fever at Marehay and Street Lane.
1894	25	
1895	47	Small Pox Epidemic at Ripley.
1896	37	
1897	81	Scarlet Fever Epidemic.
1898	79	" " "
1899	48	
1900	107	Scarlet Fever Epidemic.

Table III. appended to this report will show that the notifications^s were for the following diseases :—

Scarlet Fever	-	-	-	80
Typhoid Fever	-	-	-	12
Diphtheria	-	-	-	8
Erysipelas	-	-	-	7
				—
Total	-			107

Of these 107 cases of infectious diseases 10 were removed to the Isolation Hospital, and two deaths from Ripley occurred there, both from Scarlet Fever, viz., a girl 3 years old and a girl 5 years old.

As will be shown farther on, only one other death was caused by Scarlet Fever among the whole 80 cases notified.

The above 107 notifications were distributed over the district as follows :—

Ripley	-	-	-	100
Marehay	-	-	-	2
Waingroves	-	-	-	2
Street Lane	-	-	-	2
Lower Hartshay		-	-	1
				—
Total	-			107

No infectious diseases were notified at Upper Hartshay or Butterley Park.

The total number of infected houses were as follows :—

4 houses had each 3 cases	12
11 " " 2 "	22
73 " " 1 "	73
—	—
88	107

It will thus be seen that 88 separate houses were infected during the year 1900.

The Notifications were dated in the following months :—

January	-	-	-	-	3
February	-	-	-	-	7
March	-	-	-	-	7
April	-	-	-	-	6
May	-	-	-	-	7
June	-	-	-	-	5
July	-	-	-	-	12
August	-	-	-	-	6
September	-	-	-	-	20
October	-	-	-	-	7
November	-	-	-	-	13
December	-	-	-	-	14
Total					107

It will be seen above, that the latter half of the year had the largest number of notifications, mostly of Scarlet Fever.

Measles is *not* a Notifiable Disease, and it prevailed more or less the last two or three months of the year. No less than eight deaths occurred from Measles in December, all in Ripley.

SMALL POX.—No case of this disease occurred in the whole district. When the Epidemic of Small Pox existed here in 1895 a very large number of persons of all ages and both sexes were vaccinated. I have no doubt this had its influence in protecting the district up to this date, but it wont do to rest in a false security from that fact. It is quite necessary that vaccination should be kept up. We hear of the disease cropping up in large centres of population where vaccination is more difficult to be enforced, by reason of an extensive issue of certificates to the conscientious objector. At the present time Small Pox exists in a serious form at Glasgow, causing a large number of deaths, and it is very difficult to keep up the supply of lymph for vaccination, a vast number of persons seeking protection from the scourge by *primary* and *re-vaccination*, and this is always the case as soon as Small Pox makes appearance; the *doubtful*, as well as the *careless*, readily availing themselves of its protective influence.

SCARLET FEVER.—Eighty cases of this disease were notified during the year. They were distributed over nearly every part of the township of Ripley. Table III. shows that the greatest number of cases were between the ages of 5 and 15 years. This may be said to be the *school* age. There were 23 cases between the ages of 1 year and 5 years, and 39 cases between the ages of 5 and 15 years, so that we get a total of 60 cases of Scarlet Fever occurring out of total of 80 at all other ages.

In my Monthly Reports (in all cases where insanitary conditions existed) I advised what ought to be done, not that such conditions *could or would produce Scarlet Fever de novo*, but as a measure of protection to the existing inmates of the infected house, and the inhabitants generally of the surrounding localities, by removing or remedying those causes which helped to create a suitable soil or atmosphere for the propagation of Scarlet Fever and other infectious diseases.

From the first of January of this year 1901 I have sent by the first post after receiving notification of infectious disease a printed form of instructions to householders what to do, and what to avoid in such cases, so that they may at once commence measures of protection and prevention, which applies to themselves equally with neighbours, and which I find being carried out when I make my visit to obtain particulars of the case and examine the premises.

Fortunately the type of Scarlet Fever which has been so general at Ripley during the year 1900 was of a mild character.

I have pointed out already that two children died who were removed to hospital, and there was only *one* actual death in Ripley itself, and in this case the general condition of the house and its surroundings were quite satisfactory. It was the second case of Scarlet Fever in the same house.

As an instance of the type of Scarlet Fever which has prevailed in the country generally, we find that in the Metropolitan Infectious Hospitals there were 13,290 cases of Scarlet Fever in 1899, and *the death rate was 2.6 per cent.* The greatest number of cases were between the ages of 5 and 10 years, and the average duration of these Scarlet Fever cases in the hospital was 70 days—*viz.*, 10 weeks.

In my visits to infected houses, when I give directions about isolation, and put the least period of time at six weeks, people are astonished, and of course very often to talk of isolation in a cottage with, say, two bedrooms, is nothing more or less than a perfect farce, but even where it could be carried out, the majority of folks dispute its necessity.

I am quite aware how futile are a good many of our efforts to what could be called *Stamping out of Scarlet Fever*, but I am more convinced every day that the spread of this subtle infectious disease is regularly encouraged, and really promoted, by this careless and reckless mixing up with the healthy, because people won't recognise the necessity of these seemingly prolonged periods of isolation.

The College of Physicians, sitting as a committee on this question, remarked as follows :—“ In endeavouring to arrive at a definite conclusion as to the necessary length of detention (*in hospital*) in Scarlet Fever two points require elucidating: 1, *The degree of ‘infectivity’ attending the desquamation (peeling) of the skin*; 2, *Any mucous discharge during convalescence.*”

It is very possible too much importance has been attached to the "*infectivity*" of the skin during the later weeks of scarlatinal convalescence.

It is now becoming more general to attribute more "*infectivity*" from any mucous discharges from nose, mouth, and ears, as compared with *desquamation* or peeling of the skin. It is by no means a settled point, but is engaging the serious attention of those who have to do with infectious diseases.

There are, I am sure, many cases of Scarlet Fever which are not recognised by parents on account of their mildness of type, and these infected children go about, and give the disease to those they come in contact with.

It by no means follows that a mild case of this disease can only produce its like; because so many other matters have to be taken into account, such as the condition of the dwellings, the number of its inmates, and the condition of susceptibility of some among them.

DIPHTHERIA.—This is still a dangerous disease, but it can be more effectually grappled with now than it could at one time. Anti-toxin is now regarded not only as a curative, but as a prophylactic, in other words, it is looked upon as very valuable and necessary in its treatment, and also as a preventive of the disease itself, or as considerably modifying an attack. Eight cases of this disease occurred during the year, but none proved fatal.

The first two cases occurred at what is known at Shelton's Brick-yard, Greenwich. One young woman, 20 years of age, and a girl, 7 years of age, both residing in one house.

This locality has been improved during the year, but much more requires to be done. The general condition of the closets, drains, water supply, and an ash-pit, in which contents of pan closets were emptied, was close to where this diphtheria existed.

Another case occurred in Victoria-street, Greenwich. A girl, 7 years of age, was removed to hospital. This street had not been sewered or taken over by the Council when this occurred.

At Field-terrace a boy, 4 years of age, took the disease, and was removed to hospital. There were eight cottages here, and there being no sewer, they drained into a sump close to the entrance of this particular house. A badly-fitting stone cover was placed over it, and it was a veritable nuisance. Added to this were some half-a-dozen ash-pits connected with the privy middens.

The next case was at Florence-terrace, a female, 22 years of age. It seemed to be of a mild type, and she did very well. The property here has been recently built.

In Mosley-street a man, 41 years of age, came to his own home here with the disease. He was an engine-driver, and I could get no history.

A little girl, $3\frac{1}{2}$ years of age, came to a house in Crossley-street in bad health, from Nottingham, and at once developed diphtheria, so this case was clearly traced out.

This disease is caused by a special micro-organism, which seems to prefer the lining membrane of the throat of some part of the respiratory region. It is highly infectious, and the disease is fostered by dampness of site—defective drainage, a generally impure atmosphere, and school attendance all go to render persons susceptible to the disease. Children at school often lick each other's slate by way of cleansing them, put each other's pencils in their mouths, and very often exchange sweets, chocolates, and other confectionery from mouth to mouth. This is a very common source of infection in schools—direct infection from person to person. It is also dangerous to handle or nurse fowls or cats which show signs of illness. Both are liable to diphtheria, and can therefore convey the disease.

TYPHOID FEVER.—The first case was notified at the Old Station-road. A young man, 19 years of age, died of this disease, after about 10 days' illness. The privy and ash-pit here were both insanitary, and the young man had visited Nottingham a few days before he began to be ill. That is all I could gather of the history of the disease.

The next case was that of a schoolmaster, 40 years of age, who was removed to hospital. He lodged in Alfred-street, at a house where all was satisfactory to me, so this appeared to be a case surrounded with mystery. Was it at school where he contracted the disease?

At Street Lane, a young woman, pupil teacher, had the disease. The tenants here drank rain water, though there was a well on the premises. The girl was isolated in a room downstairs, and went on very well. No history could be obtained.

This is a district where I got to know the water mains are laid, but no connections to the houses are made. The wells and drains are so mixed up together, that I think the public water supply should be enforced.

A young man, 18 years of age, took the disease. He lived in Alfred-street, in one of a block of three houses. Here are three uncovered ash-pits, with privy cess-pits, very close to the houses.

At Hanlon's-row, Waingroves, a man, 30 years of age, had the disease. He worked at Ripley each day, and says he never drank the water out of a pump on the premises at Waingroves.

At Nuttall's Park a boy, 14 years of age, had the disease. The kitchen sinkstone here was connected with the main sewer, and of course helped to ventilate it, and permitted sewer gas to enter the house.

Two other cases occurred at Greenwich, in same house. A boy, 16 years, and his sister, 3 years of age. The drains here were defective, and the privy midden connected with the ash-pit was badly covered with ill-fitting boards, which were useless. Previous to this event they were open, but were ordered to be covered in to keep contents dry; but they were now in a nasty wet condition, and close to the two houses here.

A young man, 28 years of age, had the disease at a house on the Windmill-road, leading to Waingroves. There are six houses here with no proper drinking water, and no drainage at all worthy of the name. A very objectionable cess-pool receives the drainage here, situate close to the end of the row of houses, and often overflows, saturating the surrounding soil with filth. The whole condition here is *bad*, though since this case was reported the public water supply has been laid on for this particular row of houses, a public tap being fixed in the middle of the row. Another young man, 18 years of age, also had typhoid fever in the same house, and I have reported another case in this row of houses (this year, 1901). There are no sewers in this locality, consequently what is called drainage is a myth, and the gardens and all the surroundings are saturated with filth.

In Crossley-street a girl, 8 years of age, had typhoid fever. The back-yards at the houses in the street are mostly dirty. They have large ash-pits, which hold too much refuse, and become a nuisance. Near this house is a wooden stable, in which a horse is kept, and the manure thrown in a heap close by, with no roof or cover over it, and exposed to sunshine and rain, creating a nuisance by its fermentation. It is an unfit place for such a thing, and ought not to be allowed.

A married woman, 36 years of age, died of typhoid fever in Oxford-street. She had been out of health a week or two, and only lived a few days after medical attendance was called in. After her decease I had the contents of privy and ash-pit removed at night, with proper precautions, and a good supply of lime. The uncovered cess-pit and ash-pit were in a bad state, and should be properly roofed in.

At Ivy Grove a young man, 20 years of age, took the disease. The property here is newly-erected, and I saw no fault, except a fowl-pen, erected close to the back door, taking up the space of a very small yard. After a good many enquiries, I ascertained the patient was particularly fond of eating mussels, and did so whenever he could obtain any. I came to the conclusion that this was a case of Typhoid Fever caused by eating contaminated shell-fish in the form of mussels. It is a well-established fact that even oysters often give Typhoid Fever, as well as mussels and cockles, by reason of the *bed* being close to the outlet of the town sewage flowing into the sea, and coming in contact with the shell-fish.

This Typhoid Fever is produced by a certain *Baccillus*, which will grow and multiply under certain conditions of filth and dirt. It is in fact a disease of filth.

We want purity of the soil, as well as pure water; in fact, pure water depends upon the purity of the soil. A leaking drain, or filthy house-slops thrown upon the soil produces such a condition which suits the growth of disease microbes, and in dry weather the wind blows the dust about the surroundings, and this dust is highly charged with these disease-producing organisms and the dust deposits itself through the open doors and windows, and deposits itself on the food, the milk, the butter, and any other consumable article which may be about the house, exposed to this dust. Of course, the drinking water in the various vessels is easily contaminated in the same way.

What is known as Anti-Typhoid Inoculation is now largely practiced among His Majesty's forces in India. One cannot explain it here, but the principal medical officers write as follows:—"From experiments which have been carefully made, it has been conclusively proved to the satisfaction of those most competent to judge of the matter, that inoculation, when properly carried out, achieves an immunity equal to, or greater than, that which accrues to a person who undergoes and recovers from an attack of the disease."

It is not all unlikely, now that we have discovered the Typhoid Microbe, that we shall in time be almost able to blot this disease out of existence.

DIARRHŒA.—There were only three cases of this disease, in July. All were those of young children, and might be attended with the irritation of teething, or some slight error of diet. At all events, there was nothing approaching an Epidemic of Diarrhœa, such as may be produced by summer heat acting upon insanitary surroundings and accumulated filth.

MEASLES.—A very serious epidemic of this disease existed in the latter weeks of 1900, and into January, 1901. It is, of course, only as far as the year 1900 is concerned that we have to deal with here. I have no means of getting to know accurately how many cases of Measles there was, but it seemed to be all over the town, and school attendances fell off very much, and the epidemic assumed such a form, that I felt compelled to advise the closing of the schools.

I am aware that some persons take objection to school closing, on the ground that the children come in contact with one another in the streets and in the play-grounds. I dare say it may be so, but contact in a school, with its limited cubic space, and its infrequent renewals of air, together with close personal contact of the scholars, is a very different thing from their indulging in games out of doors with plenty of space to run about in, changing the area of their play or games very frequently in the course of the same day. Even if some of them may have undetected measles upon them the free currents of air in open spaces would tend in some measure to dilute, so to say, the intensity of the disease, and so give a partial, if not complete, immunity.

Then, again, no children from a house where Measles are should be allowed to go to school at all for some weeks, and this fact not only lessens the average attendances at school, and thus interferes with the *grant*, but it also disarranges and puts out of gear the classes and the teaching, and school arrangements generally. And finally school closing is the generally accepted procedure as the best means of dealing with the epidemic.

Measles is not a notifiable disease, though if we take an average of the last ten years, it has been responsible for about 10,000 deaths a year in England and Wales. At a rough guess, after making enquiries, I should say there were 250 cases of Measles at Ripley in the space of about nine weeks. There were six deaths registered as from Measles during the month of December, all in Ripley. The eldest of the six fatal cases was that of a boy *four years of age*. The other five cases were all under two years of age.

Measles is a disease of childhood, and is looked upon by so many people as very trifling. They say it is one of those things that children must have, they had it, and it is no use bothering about it; it is only on the occurrence of a fatal case or two that gives them any idea of its real importance.

WHOOPING COUGH.—No deaths were registered from this disease during the year 1900.

PHTHISIS AND OTHER TUBERCULAR DISEASES.—Thirteen deaths were registered as from this class of disease. The general reading public are by this time quite aware that tubercular diseases are “infectious” and preventible. Great efforts are being made to establish special institutions for the treatment and general hygienic management of patients suffering from this disease. The “bacillus” which is peculiar to Tuberculosis cannot exist in “pure air,” a *foul* atmosphere is what they exist in, and where they find their suitable environment for their propagation; with pure air and cleanly surroundings they are “starved,” and sunshine soon takes away their vitality. This microbe delights in a foul damp soil, where sunlight rarely enters; in the air of crowded houses, dark and dusty corners, all warm and moist places, it thrives and multiplies. What is called (or used to be) heredity, is simply the child’s surroundings, whether at home, or at school, or in the factory or workshop.

The *bacilli* is inhaled in the dust of the workshop, house, or street, in tram-cars, and railway carriages, where the filthy habit of spitting about goes on; or it may be swallowed in the tuberculous meat, or the unboiled milk. Damp, darkness, and dirt, are the three principle causes which promote the propagation of the minute microbes which cause the disease.

CANCER.—Nine deaths were caused by this disease, as against four in 1899. Two of these were males and seven females, the ages ranging from 49 years to 76 years. It is evident either that Cancer is on the *increase* in this country, or else increased scientific knowledge enables

the surgeon to diagnose Cancer more readily, so that fewer diseases of that class go unrecognised. This disease is very minutely watched in the wards of the Middlesex Hospital, where they have recently opened up special research laboratories, devoted entirely to the systematic investigation of this terrible disease.

Professor Haviland has endeavoured to show that the limestone districts of England and Wales are associated with a *low cancer mortality*, whereas clay soils, especially where they are liable to be flooded, have a *high death rate from the disease*. At present I think we must wait for more evidence as to its causes and prevalence.

INQUESTS.—The following Inquests have been held during the year, and the verdicts are here given:—Female, 56 years. Syncope while under chloroform. Male, 2 years. Accidentally scalded by boiling water. Male, 67 years. Killed by fall from a cage in colliery. Male, 16 years. Drowned while bathing. Male, 42 years. Suddenly, from natural causes. Male, 55 years. Suddenly from syncope.

UNCERTIFIED DEATHS.—The following deaths occurred without previous medical attendance, and the *causes of deaths are only presumed*:—Male, 5 months. Pneumonia. Female, 29 years. Childbirth. Female, 51 years. Heart disease. Male, 36 years. Pneumonia. Female. Premature birth. Female, 6 months. Convulsions.

INFANTILE MORTALITY.—This is calculated by the total number of Births in the year, measured by the *number of children who die in the first year of their existence*; that is to say, they die before they are 1 year old. The rate of Infantile Mortality for 1900 is 131·49 per 1000. The rate for England and Wales is 138 per 1000. If we take the average for the last 10 years, we find the rate of Infantile Mortality for Ripley to be 144·33 per 1000.

This is a very *high death rate* for your district, but it is quite as much a social matter, as it is a sanitary condition. It indicates a careless and ignorant idea of the bringing up infants in the majority of cases.

DEATHS FROM ALL AGES.

The deaths occurred in the following quarters of the year:—

March Quarter	-	-	-	45
June Quarter	-	-	-	40
September Quarter	-	-	-	25
December Quarter	-	-	-	43
Total	-	-	-	150

There were 73 males and 77 females, making a total of 150, as against 142 for the year 1899. Of this total of 150 deaths, 64 were under 5 years of age, and had an average age at death of about 10 months.

Thirty-three persons lived 65 years and upwards and had an average age at death of 74 years. The deaths occurred in the following parts of the district:—

Ripley	-	-	-	-	123
Marehay	-	-	-	-	14
Street Lane	-	-	-	-	1
Waingroves	-	-	-	-	9
The Hartshays	-	-	-	-	3
Butterley Park	-	-	-	-	0
Total					150

SUMMARY FOR THE YEAR 1900.

Population, 10,560.

Zymotic Diseases, 1·32 per 1000.

Tubercular Diseases, 1·23 per 1000.

Bronchitis and Pneumonia, 2·84 per 1000.

Male Deaths 73, 6·91 per 1000.

Female Deaths 77, 7·29 per 1000.

The zymotic death-rate for Ripley for 1900 is 1·32 per 1000.

The zymotic death-rate for England and Wales for 1900 is 2 per 1000.

The total death-rate for Ripley in 1900 is 14·20 per 1000.

The total death-rate for England and Wales in 1900 is 18·3 per 1000.

BIRTHS.

177 boys and 150 girls were born during the year 1900, making a total of 327. The births were registered in the following quarters:—

March Quarter	-	-	-	81
June Quarter	-	-	-	79
September Quarter	-	-	-	81
December Quarter	-	-	-	83
Total				327

The total birth-rate for Ripley in 1900 was 30·94 per 1000. The total birth-rate for England and Wales in 1900 was 28·9 per 1000.

DEATHS AT THE VARIOUS AGE PERIODS.

Under 1 year of age	-	-	-	43
1 year and under 5 years	-	-	-	21
5 years and under 15 years	-	-	-	3
15 years and under 25 years	-	-	-	7
25 years and under 65 years	-	-	-	43
65 years and upwards	-	-	-	33
Total				150

MAIN SEWERS.

There are still certain parts of the district which are not yet sewerred, and where I think it is required. I am aware certain additions have been made during the year, but more is wanted.

GENERAL INSPECTION.

The illness of Inspector Lomas has, of course, interfered somewhat with the regular system of inspection, but the following items will show that a great deal has been done during the year.

During the greater part of the year he accompanied me in my visits to various places in the district, and therefore would know what I thought was required, and should be done. Notices were served on owners, or occupiers, as the case might be, for the following :—

No <i>disconnection</i> of Waste Pipe	-	30
Defects of Traps and Drains	-	25
Drains made up (obstructed)	-	17
Insanitary Privies and Ashpits	-	40
Insufficient Closet Accommodation	-	13
Privies connected with Water Closets	-	6
Repairs of surface in yards, etc.	-	4
Defective Urinals	-	6
Offensive Accumulations	-	9
Animals improperly kept	-	1
Pig-stye Nuisances	-	1
Smoke Nuisances	-	1
Foul conditions of Houses	-	30
Total	-	203

Of these 203 infringements, defects, and nuisances, 170 were considered to be attended to and rectified. In addition to the above the following *Special Inspections* were made :—

Dairies and Cow-Sheds	-	20
Bakehouses	-	10
Slaughter-houses	-	40
Lodging-houses	-	18

PUBLIC WATER SUPPLY.

There are still several localities which require a proper water supply. I am told that the water mains are laid in some of these places, but no connections are made to the houses. Samples of water should be taken from all pumps and wells, of which there are very many ; and in cases where they are pronounced impure the connections should be enforced. I have visited the Waterworks, and suggested one or two improvements with the drainage of the engineer's house, and other surroundings.

SCAVENGING.

This is a very important part of Sanitation, and I am glad to know the Council have found out the futility of entrusting the work to Contractors, and are now doing the work with their own staff of men. The general cleanliness of the district will be very much better than it has been, and I hope the Council will be very particular about passing plans of ash-places of large dimensions, and sunk beneath the ground level as is the practice now. No ash-place should be made to hold more than two weeks' supply, and should be made about two inches above the ground level, and if the Council could see their way to adopt moveable receptacles such as boxes with handles for the convenience of the scavenging men to empty in their carts. This system would ensure the regular removal of the ashes and other *refuse* at short intervals, and the health of the district would be materially benefited thereby. Some idea of the accumulations of filth, dirt, and other abominations previous to any system of scavenging may be gathered from the following removed by the Contractors during the first nine months of the year 1900:—2539 loads of night-soil and ashes *mixed*; 1240 closets emptied; 286 ashpits; and the contents of the pan closets, which are emptied weekly (over 500 of them) would amount in round numbers to nearly *twenty-five thousand pans*. Since the Council undertook the scavenging they have removed something like the following:—12,178 pans, 142 tanks, 142 ash-pits and closets, 72 separate closets, 192 loads of nightsoil and ashes, and 292 loads of dry ashes. I also hear the Council are in a sort of fix about a tip in which to cart a greater part of this *refuse*. Of course the pan contents go to the sewage farm. The idea of a *Refuse Destructor* is quite worth the consideration of the Council. The first expense may be heavy, but there can be no doubt of its great utility. I may express a hope that all the rubbish from the houses may be taken away, as well as the ashes. I noticed the Contractors left heaps of *refuse* about which did not come under the name of ashes, such as old meat tins, broken earthenware, old boxes, &c., &c. These were just the articles to create a nuisance, and were left about in all sorts of corners.

ISOLATION HOSPITAL.

The Council will see by Table II. appended to this Report that only 10 cases out of the 107 Infectious Diseases Notified were removed to the Hospital from the Ripley district, and two children died at the Hospital. I feel it my duty as your Medical Officer of Health to call your attention to the necessity of being prepared for any visitation of small pox. At present I should not know what to do, but I think the Hospital Committee should be quite ready with a system of isolation for the whole district, so that we should all be prepared to deal with it at once. With the present indifference to vaccination, it is quite on the cards that we are approaching a probable small pox epidemic, and we

may not always be able to deal with it, as we did in the epidemic of 1895 in this district.

PUBLIC URINALS.

I feel compelled to call attention to the necessity of these matters. It would be well for the Council to give some attention to this requirement. The style of the structure and the management are matters soon settled.

I think I have noticed in this Annual Report most matters of a sanitary character.

You will see by the New Tables which are imposed upon me by the Local Government Board that Table I. gives you an epitome of the district from the year 1891. It shows that your average birth-rate is 35.14 per 1,000, which may be considered a very *high birth-rate*. Your average infantile mortality: *Deaths under one year of age* is 144.53 per 1,000. This is an excessively *high* infantile mortality, and requires the attention of lady visitors or other similar societies, by which the parents of a certain class could be taught and instructed upon the management of infants. Your average death-rate is 15.61 per 1,000. *This is not really bad, but it can be and ought to be reduced.* For the year 1900 the death-rate is 14.20 per 1,000, and this is much more satisfactory.

And now, Gentlemen, my Twenty-seventh Annual Report is finished, and I can only say that my official duties will be in future performed as in the past with a strict sense of their importance, and with a desire to carry out the orders of the Local Government Board, to advise the Council on matters pertaining to the health of the district, and in such a manner as to merit a continuance of that confidence which you have shown me for more than a quarter of a century.

I thank the Council generally and the Clerk for all the past kindnesses shown me, and the Chairman who presides over your deliberations.

I remain

Your Obedient Servant,

EDWARD GAYLOR,

Medical Officer of Health,
Ripley Urban,
Alfreton Urban, and
Belper Rural Districts.

Belper, March 4, 1901.

TABLE I.

RIPLEY URBAN.

THE WHOLE DISTRICT.

Year.	Population Estimated to Middle of each Year.	Births.		Deaths under One Year of Age.		Deaths at all Ages.	
		No.	Rate.	No.	Rate per 1000 Births Registered.	No.	Rate per 1000
1891	6832	257	37.61	37	143.96	103	15.07
1892	6940	241	34.72	52	215.76	164	23.63
1893	7063	266	37.66	31	116.54	102	14.44
1894	7208	238	33.01	33	138.65	103	14.28
1895	9510	370	38.09	55	148.64	158	16.61
1896	9750	349	35.33	43	123.20	143	12.61
1897	9930	359	36.15	58	161.55	150	15.01
1898	10108	334	33.04	51	152.69	157	15.35
1899	10430	388	37.02	43	110.82	141	13.51

Average for years 1891 to

1899

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35.84

144.53

15.61

1900

10560

327

30.94

43

131.49

150

14.20

Total Area of District, 4,026 Acres.

Total Population of Census, 1891, 8,774.

Number of Inhabited Houses in 1891, 1,741.

Average Number of Persons per House in 1891, 5.04.

In the year 1895 the rural parts of Ripley Parish were added to, and formed part of the Ripley Urban District.

This explains the *increase* of population, commencing in the year 1895.

TABLE II.

Cases of Infectious Diseases Notified During the Year 1900.

RIPLEY URBAN DISTRICT.

Notifiable Diseases.	At all Ages.	Under 1 Year.	1 to 5 Years.	5 to 15 Years.	15 to 25 Years.	25 to 65 Years.	65 and upwards
Small-pox							
Cholera							
Diphtheria	8		3	2	2	1	
Membranous Croup							
Erysipelas	7		1	1		4	1
Scarlet Fever.....	80	1	23	39	14	3	
Typhus Fever.....							
Typhoid Fever ...	12		2	2	5	3	
Relapsing Fever...							
Continued Fever...							
Puerperal Fever...							
Plague							
Totals.....	107	1	29	44	21	11	1

10 cases were removed to the Isolation Hospital.—1 under 5 years and 9 above 5 years of age.

Girl, 3 years old, died in Hospital of Scarlet Fever.

Girl, 5 years old, died in Hospital of Scarlet Fever.

TABLE III.

RIPLEY URBAN DISTRICT.

Causes of and ages at Death during year 1900.

DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.

Causes of Death.	All Ages	Under 1 Year.	1 and under 5 Years.	5 and under 15 Years	15 and under 25 Years	25 and under 65 Years	65 Years and upwards
Measles	8	1	7				
Scarlet Fever ...	1			1			
Typhoid Fever ...	3				1	2	
Diarrhoea	3	2	1				
Enteritis	3	2	1				
Phthisis	5				2	3	
Other Tubercular Diseases.....	8	1	2	1	1	3	
Cancer	9					5	4
Bronchitis	25	9	6			3	7
Pneumonia	4	1				2	1
Pleurisy.....	1					1	
Alcoholism, or Cirrhosis of the Liver.....	3					2	1
Premature Birth	12	12					
Heart Disease ...	7	1			1	3	2
Accidents	2		1				1
Inquests.....	4				1	3	
Uncertified	6	3				3	
All other causes	46	11	3	1	1	13	17
Totals.....	150	43	21	3	7	43	33

Total Death-rate for 1900, 14·20 per 1000.

Mean Average Death-rate for 10 years from 1891 to 1900, 15·47 per 1000.

Total Death-rate for England and Wales for 1900, 18·3 per 1000.

